RESTORING HOME FIRES

Restoring Home Fires
Red Road Healing Society
402, 10045-156 St NW
Edmonton, AB T5P 2P7

Red Road Healing Society

Restoring Home Fires
Request For Proposal Application Form

The evaluation of your application depends on your attention to detail and concrete linkage to reducing homelessness within Edmonton. The proposal should be as concise as possible; however, if you require additional space for the following questions, please provide up to two pages of information and reference the applicable question in the document.

Applicant Information
Legal Name:
Complete Mailing Address:
Location of Activities (if different):
CRA Business Number:
Website:
Does applicant already receive Reaching Home Funding from another source? ☐ Yes ☐ No ☑ Unsure

Primary Contact Name & Title:	Secondary Contact Name & Title
Telephone Number:	Telephone Number:
Email Address:	Email address

Indigenous Declaration	
	% of Board Members who identify as Indigenous
	% of leadership who identify as Indigenous
	% of staff who identify as Indigenous
	% of individuals served who identify as Indigenous

Project Details	
Project Name:	
Project Start Date (after November 1, 2026)	Project End Date (prior to March 31, 2028)

Demographic Served by this Project		
Although your organization may serve multiple populations, please select only the target population(s) that apply under this project agreement. If this project is open to all populations of interest, select Not Specified		
Age: ☐ Not specified ☐ Children (0 - 12) ☐ Youth (13 - 24) ☐ Adults (25 - 64) ☐ Seniors (65+)	Gender: ☐ Not specified ☐ Female ☐ Male ☐ 2SLGBTQI+	Population: ☐ Not Specified ☐ Indigenous ☐ Immigrants ☐ Veterans ☐ Refugees ☐ Families
Client Characteristics (if any): ☐ People with Mental Disabilities ☐ People with Addictions ☐ People with Disabilities ☐ People fleeing Domestic Violence ☐ People exiting Public Institutions ☐ People Experiencing Chronic Homelessness ☐ People living in encampments ☐ Other (please specify): _____		

Which Reaching Home main category of activities does your project align with?

☐ Prevention and Shelter Diversion
☐ Client Support Services
☐ Housing Services
☐ Capital Investments

Project Description. Provide a brief overview of the project and describe key activities:

Project Objectives. Describe which Reaching Home Directives your project will be addressing and how:

Project Outcomes. Outline the measurable, achievable, and documentable benefits or outcomes of the project. What are the short-term and long-term impacts of the program?

Evaluation. Describe how you will track and report on the process and performance.

Does your organization currently use a coordinated access system?	
☐ Yes	If so, what system:
☐ No/Unsure	If not, are you willing to learn? ☐ Yes ☐ No

Cultural Appropriateness. Outline how the project will serve the diverse needs of clients.

Partnership and Community Support. Please list all the proposed or confirmed partners involved and their roles and expertise.	
Partner Organization	Role/Expertise

Other Funding. What other sources of funding will this project receive, if any. Please list funders and their contribution amounts and note whether in-kind or cash.			
Funder	Amount	Cash/In-Kind	Comments

Sustainability Plan or Exit Strategy. Describe how the project will be sustainable, and activities will be maintained after funding, or provide an exit strategy that demonstrates a minimum amount of disruption to clients.

Please explain how your organization has the expertise or expertise to carry out the proposed project activities. If applicable, please include any past experiences with the Reaching Home program and the results of the project.

Acknowledgements (Application must check the following before submission):

☐ Electronic submission of this application confirms the information included in this application is true and correct to the best of my knowledge.

☐ I declare that I am legally authorized to sign and submit this Application on behalf of the Organization named in the Applicant Information section.

☐ I have read and understand the reporting requirements outlined in Appendix A.

☐ I consent to this proposal being kept on file and considered if additional funding is identified, with the knowledge that the funding will need to be spent by March 31, 2028.

Typing in your name, title, and date, and submitting the application electronically indicates agreement to the clauses checked in the Acknowledgement section above.

Signature:		
Name	Title	Date

Please ensure all documents are included with your application and submitted to office.admin@restoringhomefires.ca

Attachment Checklist:

☐ Completed Funding Application Form
☐ Maximum 2 pages of additional information if needed
☐ Completed Budget Template
☐ Current Financial Statement
☐ Letters of Partnership (if applicable)
☐ Letters of Support (maximum 2)

Completed application forms must be received by: Monday, August 31, 2026 at 11:59 PM MDT

Please title the email subject line: RFP 2026
Please submit your application with all attachments to: office.admin@restoringhomefires.ca.
Confirmation of submission will be sent via reply email.